

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CONTACT:

AUTHORIZATION TO ATTEND NON-GOVERNMENT SPONSORED MEETINGS

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1. PERIOD COVERED:  
FROM TO

2. OPERATING DIVISION (BUREAU, OFFICE DIVISION, REGION)

3. OFFICER RECOMMENDING ATTENDANCE (SIGNATURE AND TITLE)

4. DATE

5. SPONSORING ORGANIZATION OR GROUP,  
PLACE AND DATES OF MEETING  
(USE SEPARATE SHEET, IF NEEDED)

6. EMPLOYEE NAME AND TITLE, REASON FOR  
ATTENDANCE, AND JUSTIFICATION (ATTENDANCE  
MUST BE ADVANTAGEOUS TO THE DEPARTMENT)

7. ESTIMATED COST

REGISTRA-  
TION FEE

TAXICAB  
FARE

OTHER  
(Identify)

8. Appropriation:

Common Accounting No.:

Object Classification:

\$  
\$  
\$

ATTENDANCE AT MEETING(S) FOR THE ABOVE  
NAMED EMPLOYEE(S) IS HEREBY AUTHORIZED  
AS PRESCRIBED BY THE HHS TRAVEL MANUAL

SUB-TOTAL

TOTAL (item 7)

AUTHORIZED BY:

TITLE:

DATE: